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Jacob GAVE

AUTHORIZATION BY PHONE TO

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JACOB
CORRECTIONAL INSTITUTE

W05-35279

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: COMMUNITY INTERVENTION, TREATMENT & TRAINING SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JACOB COLEMAN, JR
Name (Printed or typed)

4522 SILVER STAR ROAD, APT. #E271
Address

ORLANDO, FLORIDA 32808
City, State & Zip

(321) 945-1367
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

July 29, 2005

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

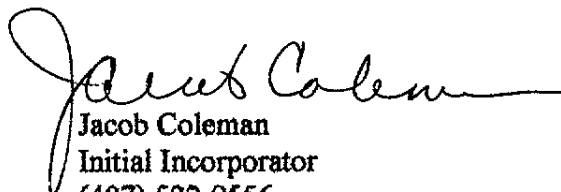
SUBJECT: COMMUNITY INTERVENTION, TREATMENT & TRAINING
SERVICES, INC.
Ref. Number: W05000035279

Please find the enclosed document, with which, the appropriate address change has been included.

Also, we would like to request that the initial date of July 18, 2005, be retained as the filing date.

7/25/05

Thank you for your cooperation.


Jacob Coleman
Initial Incorporator
(407) 522-9556



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 25, 2005

JACOB COLEMAN JR
4522 SILVER STAR ROAD APT E271
ORLANDO, FL 32808

SUBJECT: COMMUNITY INTERVENTION, TREATMENT & TRAINING
SERVICES, INC.
Ref. Number: W05000035279

We have received your document for COMMUNITY INTERVENTION, TREATMENT & TRAINING SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 805A00048412

CERTIFICATE OF INCORPORATION

OF

Community Intervention, Treatment & Training Services, Inc.

Pursuant to Chapter 617.0202, F.S.

Article I: Name

The name of the Corporation is **Community Intervention, Treatment & Training Services, Inc.**, hereinafter sometimes called "the Corporation".

Article II: Place of Business

The address of the Corporation is to be located at:

***P.O. Box 680663
Orlando, Florida 32868***

Article III: Purpose

The purpose of the Corporation shall be to address the needs of the homeless and socially disadvantaged in our community and to serve as catalyst for community change and collaboration to end social displacement and homelessness.

Article IV: Board of Directors

The Corporation shall be operated by a Board of Directors, who shall be elected at the Initial Organization meeting of the Corporation, as per appropriate sections under Robert's Rules of Order.

Article V: Initial Directors

Dennisse Rios
2132 Fairmont Circle
Orlando, Florida 32837

Ora Grayson
4000 Willow Bend
Orlando, Florida 32811

Gary Small
1221 12th Street
St. Cloud, Florida 34769

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FILED
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CORPORATIONS

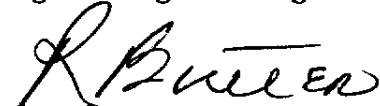
Article VI: Registered Agent

Rickie Butler
1214 Crooms Avenue
Orlando, Florida 32806

Article VII: Incorporator

Jacob Coleman, Jr.
4522 Silver Star Road, Apt. #E271
Orlando, Florida 32808

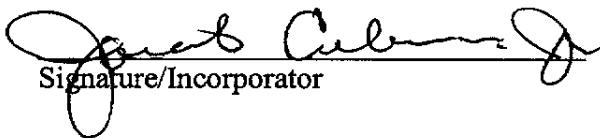
.....
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

07/18/2005

Date



Signature/Incorporator

07/18/2005

Date

05 JUL 25 PM 3:58
CLERK OF COURT
STATE OF FLORIDA
DIVISION OF CORPORATIONS